Alcohol-related harm

Introduction
Alcohol consumption can affect lives in a number of ways, especially when consumed excessively. Alcohol consumption is the third highest risk factor for avoidable ill health in England and is related to many public health priorities. The DH estimates that harmful use of alcohol costs the NHS £2.7 billion in a year and approximately £21 billion per year for health care, crime and lost productivity costs combined. In 2011 there were 8,748 deaths directly related to alcohol in the UK.

Alcohol is a legal drug sanctioned overall by cultural and social norms in the UK. However, some cultures, ethnic groups and religions do not approve of the consumption of alcohol.

Alcohol is a central nervous system depressant, although in smaller amounts it can have a mild stimulant effect, affecting control of judgment and leading to loss of inhibition. It has been established that people with alcohol-related health conditions are not necessarily alcoholics. They are people who have regularly drunk more than the recommended level for some years.

Risk factors and vulnerable groups
Effects of harmful use of alcohol include:
- Links to over 60 medical conditions including alcohol poisoning, cirrhosis of the liver, psychiatric, neurological, gastrointestinal, cardiovascular conditions and several types of cancer.
- Inability to work and socialise (including relationship breakdown).
- Violence and anti-social behaviour including drink driving and domestic abuse.
- Poor parenting.
- Unprotected sex leading to unplanned pregnancies and sexually transmitted infections.
- Homelessness.

Alcohol is often an aggravating factor in many crimes against the person, with either the perpetrator or victim having consumed alcohol in the time leading up to the crime. Where alcohol is used in conjunction with other substances, such as cocaine, it formulates other chemicals in the body such as cocaethelene which can lead to extreme violent behaviour.

What is the evidence base?
The Government’s Alcohol Strategy released in 2012 makes a commitment to:
- Reduce the availability of cheap alcohol.
- Act on unacceptable marketing.
- Encourage local communities to take action including having greater community involvement in licensing decisions.
- Create shared responsibility with industry.
- Support individuals to change through prevention and early intervention.

It builds on the Drugs Strategy 2010, which emphasised the importance of supporting people with alcohol dependency. The National Institute of Health and Care Excellence (NICE) have published guidance on alcohol-related problems including:
- Public health guidance on prevention and early identification of alcohol-use disorders among adults and adolescents.
- A guide for commissioners on services for the identification and treatment of hazardous drinking, harmful drinking and alcohol dependence in children, young people and adults.
- A clinical guideline on the diagnosis, assessment and management of harmful drinking and alcohol dependence in adults and in young people.
A quality standard on alcohol dependence and harmful alcohol use.

A quality standard is in development covering preventing harmful alcohol use in the community.

**Local picture**

**Prevalence**

The majority (67.4%) of people in alcohol treatment in Luton are males and 86% are of white ethnicity. This is higher than the national average, and considering that Luton is a town with diverse ethnicity, there may be an under representation of those in services from BME communities.

A recent report from Public Health England showed that during 2012/13 there were 632 adults in alcohol treatment in Luton. There were 1,170 people admitted to hospital with alcohol-related conditions and 37 people were admitted to hospital with alcohol specific conditions. In 2012/13, there were 1,595 alcohol related recorded crimes in Luton and 21.7% of adults in Luton are estimated to consume more than 600 units of alcohol per month.

**Alcohol-related offences**

Alcohol-related recorded crime in Luton has been on a downward trend since 2010/11 from a crude rate per 1,000 of 9.16 to 7.83 in 2012/13. There has also been a downward trend for alcohol-related violent crime with a figure of 6.01 per 1,000 crude rate in 2010/11 to 4.92 per 1,000 in 2012/13. However, both remain above the national average. Figure 73 and Figure 74 show the trend for alcohol related offences in Luton.

Figure 73 and 74: Alcohol-related recorded and violent crimes (crude rate/1000)

**Alcohol-related hospital admissions**

The number of people in alcohol treatment has been fairly constant in the past three years, though trend data shows that alcohol-related hospital admissions in Luton have been increasing in the last five years as shown in Figure 75. Since 2009-10 Luton’s rate has increased by 20% compared with a 0.3% decrease seen nationally. This could partly be due to increased identification as a result of the brief intervention service at LandD. In comparison with statistical neighbours Luton’s is the second highest increase behind Wolverhampton (24%), whereas all other areas have seen a decrease.
What is being done locally?
Since the last JSNA, a needs assessment was completed in 2012 by LDAP looking at alcohol use in the borough. This process then informed the 2012 – 2015 Luton Alcohol Strategy.

The main aims of this strategy are to:

- Support adults to reduce the harms caused by excessive alcohol use.
- Prevent young people from being harmed by alcohol use.
- Ensure Luton is a vibrant and safe town for residents and visitors.

An annual plan is compiled which gives a focus to service providers on the key areas for service delivery each year.

In 2015 a project was launched to address the high levels of street drinking taking place within Luton. The project will deliver on three key outcomes.

1. Engage directly with those who participate in street drinking to signpost and encourage them to access support services and realise the impact on their health and their community.
2. To gather a comprehensive snapshot of exactly what street drinking is in Luton- the who, where, what and why.
3. Produce an options paper of potential solutions to address any identified issues.

Perspective of the public/service users
A recent qualitative needs assessment identified a number of key improvement areas for the current alcohol service.

- Improve accessibility and provision for specialist cohorts for example, women.
- Develop and sustain of service user groups.
- Improve the interface between primary and specialist care provision.
- Develop aftercare provision / support.

Priorities
1. Undertake a detailed review of services to inform a refreshed Luton alcohol strategy.
2. Work with stakeholders to address the findings from the street drinking project.

3. Develop new detoxification and rehabilitation pathways to match national aspirations for more recovery-focussed outcomes which will increase successful completion rates by 5% over the next two years.

4. To reduce the level of alcohol-related crime and disorder in Luton.
References


